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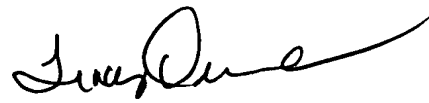
Printed Name of Person Mailing

- ☒ No fee is required with this filing.
- ☐ Please charge Deposit Account No. 50-0432 in the amount of \$ 00 . **A COPY OF THIS LETTER IS ATTACHED.**

The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment to Deposit Account No. 50-0432.

Dated: 20 Dec. '99

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